



SOUTH FLORIDA TATTOOS - BODY PIERCING - COVER UP TATTOOS

For Office Use Only

(Printed Name of Licensed Salon)

(Signature of Tattoo Artist)

(Printed Name of Tattoo Artist)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
Authority 381.00789, Florida Statutes

**WRITTEN NOTARIZED CONSENT FOR TATTOOING OF A MINOR CHILD,
AGE 16 THROUGH 17 YEARS OLD**

State of Florida }
County of _____ } Ss:

(Print Name of Parent or Legal Guardian)

Residing at: _____

HEREBY SWEARS OR AFFIRMS UNDER PENALTY OF PERJURY, that the following facts as stated in this document are true:

1) I am the natural parent or legal guardian of: _____
(Print Name of Minor Child)

2) The Minor Child's date of birth is: _____
(Month) (Day) (Year)

3) The child's age is: _____.

4) I have the legal authority to give consent for this child's Tattoo.

5) I consent to the tattooing of my child as follows: (description & location of Tattoo)

(Signature of Parent/Legal Guardian)

SWORN TO, OR AFFIRMED, IN PERSON BEFORE ME, this _____ day of

_____, 20____, by _____
(Print Name)

who is personally known to me, *or*, who produced satisfactory identification in the form of

Seal:

(Signature of Notary)

(Print Name of Notary)